

MEMORANDUM THRU

Command Group, Commander

Resource Management Division, Attn: Budget Branch

FOR Chief, S2/S3, Attn: Virgil Collins

SUBJECT: Request Payment for Training Registration with IMPAC Card

1. Request payment of registration fee for training under APC L__ __ __ for:

a. Name of Traveler:_____

b. Date of TDY/Training:_____

c. Location of TDY/Training:_____

d. Cost of Registration Fee:_____

2. Attached is a copy of the brochure listing, telephone & fax number for payment and registration requirements.

3. Company **will** or **will not** accept payment by IMPAC Credit Card.
(Circle One)

4. Point of contact is the undersigned at 526-7320

ELY TOMINES
Auditor
Command Group